



The Commission on
Women, Children, Seniors, Equity & Opportunity

CWCSEO

Connecticut General Assembly

**Testimony of the Commission on Women, Children, Seniors, Equity & Opportunity
Presented to the Human Services Committee
February 7, 2023**

In Support of:

* **S.B. No. 82** AN ACT ELIMINATING INCOME AND ASSET LIMITS FOR THE MED-CONNECT HEALTH INSURANCE PROGRAM FOR WORKING PERSONS WITH DISABILITIES.

* **S.B. No. 946** (RAISED) AN ACT CONCERNING THE CONNECTICUT HOMECARE PROGRAM FOR THE ELDERLY.

* **S.B. No. 947** (RAISED) AN ACT INCREASING THE MINIMUM AMOUNT OF RESOURCES A COMMUNITY SPOUSE OF AN INSTITUTIONALIZED MEDICAID RECIPIENT MAY RETAIN.

* **H.B. No. 5321** AN ACT ESTABLISHING A STATE OMBUDSMAN'S OFFICE FOR BEHAVIORAL HEALTHCARE COVERAGE.

* **H.B. No. 5765** AN ACT CONCERNING COMPENSATION OF FAMILY CAREGIVERS IN MEDICAID WAIVER PROGRAMS ADMINISTERED BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

Good morning, Senator Lesser, Representative Gilchrest, Senator Seminara, Representative Case, Senator Gaston, Representative Dathan and other distinguished members of the Human Services Committee; our names are Megan Baker and Michael Werner. We are the Lead Asian American Pacific Islander and Aging Policy Analysts for the Commission on Women, Children, Seniors, Equity & Opportunity.

Our Commission wishes to **express support and make suggestions** for the following bills before you: **S.B. 82, S.B. 946, S.B. 947, H.B. 5321 and H.B. 5765.**



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*** S.B. No. 82 AN ACT ELIMINATING INCOME AND ASSET LIMITS FOR THE MED-CONNECT HEALTH INSURANCE PROGRAM FOR WORKING PERSONS WITH DISABILITIES.**

This bill expands Medicaid coverage for working persons with disabilities who earn less than \$75,000 individually. National data illustrates a 5.5% disability prevalence for Asian or Pacific Islanders, ages 16 to 64, in Connecticut.¹ **We support this bill because increasing the accessibility of social programs for all, including those in the Asian American Pacific Islander (AAPI) community – which encompasses AAPIs with disabilities – is important to the Commission.** Eliminating income and asset limits will help provide assistance to AAPI workers with disabilities who make valuable contributions to our state's workforce.

*** S.B. No. 946 (RAISED) AN ACT CONCERNING THE CONNECTICUT HOMECARE PROGRAM FOR THE ELDERLY.**

This bill builds on the Connecticut Home-Care Program for the Elderly described in Section 17b-342 of the general statutes to include up to two social worker visits per program participant and compensate family caregivers – including spouses – who provide care assistant services to program participants to the extent permissible under federal law. **The Commission supports the added inclusion of compensating family caregivers for personal care assistance.**

Asian Pacific Americans are the fastest growing minority group nationwide – a trend that is reflected in the demographic's growth within our own state.² **Multi-generational, at-home family care is a significant component of Asian American and Pacific Islander (AAPI) communities; expanding eligibility and compensation for programs like the Connecticut Homecare Program for the Elderly and Adult Family Living Program serve to progress in the charge of increasing health equity for these communities and meet the needs of Connecticut's older adults.**

While this bill mirrors the Commission's efforts towards accessible healthcare and addresses workforce shortages, we ask that, in addition to the passage of this bill, there are simultaneous efforts to raise awareness and educate various communities about family caregiver programs to combat the lack of knowledge and other areas of inaccessibility around these programs. We have

¹ <https://blog.dol.gov/2022/07/12/disability-data-snapshot-asian-americans-and-pacific-islanders>

² <https://www.pewresearch.org/fact-tank/2021/04/09/asian-americans-are-the-fastest-growing-racial-or-ethnic-group-in-the-u-s/>



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begun conversations with the Department of Social Services regarding these areas and recommend translating program applications and promotional materials into languages spoken by AAPI populations, as well as providing program information to trusted messengers within these communities so awareness of these programs and resources can spread through trusted channels.

*** S.B. No. 947 (RAISED) AN ACT INCREASING THE MINIMUM AMOUNT OF RESOURCES A COMMUNITY SPOUSE OF AN INSTITUTIONALIZED MEDICAID RECIPIENT MAY RETAIN.**

This bill increases the minimum community spouse resource allowance from \$50,000 to \$60,000 and requires the Commission of the Department of Social Services to report on the resulting amount of community spouses able to keep additional assets and the costs to the state for doing so. **The Commission supports this bill as it aligns with the State's livable communities and rebalancing initiatives.** Further, the rise of inflation has hit families across Connecticut and the nation hard. Allowing community spouses to keep more of what is theirs, while their spouses receive the supports and services they need, will help families across the state to add financial stability to their households, ultimately helping them to remain in the community.

*** Proposed H.B. No. 5321 AN ACT ESTABLISHING A STATE OMBUDSMAN'S OFFICE FOR BEHAVIORAL HEALTHCARE COVERAGE.**

Our Commission applauds the concept of the use of an Ombudsman program to help address behavioral health and assure quality of life for Connecticut residents and qualified beneficiaries. This legislation calls for a new office to be created modeled on the Office of the Healthcare Advocate. The goal is to expand health care coverage through the creation of recommendations to state Medicaid and private insurance regulators by creating guidelines, investigating, and making policy recommendations.

We feel however that the newly created Community Ombudsman's Office, passed last year, has the potential ability to fulfill the goals of expanding behavioral health care access as envisioned by this legislation. While the new Community Ombudsman program would act in association with our effective and impactful Long-Term Care Ombudsman Program (LTCOP) expertise, its' mission could be expanded to incorporate this aims of this bill. When originally legislated, the Community Ombudsman program was intended to have up to twelve (12)



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Regional Ombudsman and two (2) executive assistants.³

At this time, funding has only been appropriated for a single Supervisor position, which is currently in the hiring process. By appropriately funding the already formed Community Ombudsman program as intended, this newly established Ombudsman office can work to expand access to behavioral health care and reduce private and public insurance reimbursement barriers for small and group health care providers.

*** H.B. No. 5765 AN ACT CONCERNING COMPENSATION OF FAMILY CAREGIVERS IN MEDICAID WAIVER PROGRAMS ADMINISTERED BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES.**

This bill broadens the definitions of both "legally responsible relative" to include spouses, parents, or legal guardians and "Medicaid waiver program," while also calling for Medicaid waiver programs to be amended to authorize compensation for family caregivers to the extent permissible under federal law.

Allowing more family members of enrollees in Medicaid waiver programs administered by the Department of Social Services to be hired and compensated for care can benefit many communities within our state, including Asian American Pacific Islander (AAPI) residents. The opportunity for family caregiving can make elderly residents feel more comfortable aging in place. Family caregivers will speak the same language as program participants, addressing the issue of language accessibility when it comes to healthcare equity. Family caregivers will also understand the cultural sensitivities of program participants, making care more personalized and familiar. Through the sharing of community lived experiences, we have heard that not many formal homecare workers are fluent in AAPI languages. Overall, this bill will help those already engaged in informal family care and expand eligibility and accessibility to families who wish to utilize family caregiver programs.

We appreciate the leadership of the Human Services Committee.

Thank you for the opportunity to testify today.

³ <https://www.cga.ct.gov/2022/FC/PDF/2022HB-05227-R000631-FC.PDF>